



Minnesota Board of Cosmetologist Examiners
2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414
p: 651-201-2742 • f: 612-617-2601 • bce.board@state.mn.us • www.bceboard.state.mn.us

Domestic Endorsement or Transfer Operator License Application

Complete this application if you have been licensed in another state.

Instructor and manager licenses are not eligible for endorsement.

The following must be submitted for your application to be processed:

○ **Completed Application**

○ **Fee: \$139.00**

Checks or money orders must be made payable to "BCE".

○ **Letter(s) of License Verification from each state in which you have ever held a license**

Contact each state's Board to have this letter mailed directly to the BCE office. These letters are only valid for 90 days and should certify an active and current license, required training hours, exams passed, length of licensure, etc.

- The letter must verify a minimum of:

- 1550 school hours for a cosmetologist
- 600 school hours for an esthetician
- 350 school hours for a nail technician

If your letter indicates fewer hours, you must have at least 3 years of licensed work experience, as shown on page 3; or complete the remaining required training at a Minnesota cosmetology school and provide certification from the school. If your license is no longer valid or current, email bce.board@state.mn.us to determine specific requirements.

○ **Proof of passing a National/General Theory Examination**

If you have not previously passed this exam (confirmed by your Letter of License Verification), you must take the exam and attach the original passing results to this application. Exam results are valid for one year. Contact Pearson Vue at 1(877)538-3417 for exam scheduling.

○ **Original passing results from the Minnesota State Laws & Rules Examination**

Exam results are valid for one year. This exam is typically scheduled with the General Exam. If a national/general theory exam is proven in a Letter of License Verification, you do not need to take the General Exam and may request a "waiver" when you call to schedule.

○ **High School/GED Diploma or Transcript (copy)**

ALL foreign documents must be translated into English by an official translator. To find a translator accepted by the BCE, see the attached document. A copy of the document in its original language must accompany the translation.

4/2014

Applicant Information

Social Security Number		Date of Birth	
First Name	Middle Initial	Last Name	
Residential Address			
City		State	Zip Code
Email Address		Phone Number	

For Office Use Only

Staff Initials: _____	Check/MO/ Receipt Number: _____	Amount Paid: _____
Application Number: _____	License Number: _____	Date Processed: _____

Current License Information

Select your type of license below.

☐ Cosmetologist
 ☐ Esthetician
 ☐ Nail Technician

Complete the fields below using your license information from the state you are currently licensed in.

Current State(s) of Licensure:	
License Type:	
Current License Number:	
Original License Date:	
License Expiration Date:	

Education Information

Name of Cosmetology School Attended <hr/> Address of School <hr/> School Phone Number, Email, Website <hr/>	Select ALL disciplines covered in your training: <div style="margin-left: 20px;"> <input type="radio"/> Hair care <input type="radio"/> Skin care <input type="radio"/> Nail care </div> <p style="font-size: small; margin-top: 10px;">Note: Education in all three disciplines is required for a Minnesota cosmetologist license.</p> <hr/> Date Course Completed: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <hr style="width: 100px;"/> Month </div> <div style="text-align: center;"> <hr style="width: 100px;"/> Year </div> </div>
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Additional Applicant Information

1. List all states in which you have held a cosmetology license. For each state, list the license type. <hr style="border: 0; border-top: 1px solid black;"/>	
2. Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetologist Examiners, or Office of the Attorney General? <i>If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution.</i>	<input type="radio"/> Yes <input type="radio"/> No
3. Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? <i>If yes, you must attach the following:</i> <div style="margin-left: 20px;"> <input type="radio"/> A detailed and signed explanation identifying the type of license and the circumstances of each incident. <input type="radio"/> A copy of the Notice of Hearing or other document that states the charges and allegations. <input type="radio"/> A copy of the official document which establishes the resolution of the charges or any final judgment. </div>	<input type="radio"/> Yes <input type="radio"/> No
4. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes, Section 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a detailed and signed explanation with documentation from the Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.</i>	<input type="radio"/> Yes <input type="radio"/> No

Experience Verification Form

Complete this form if your Letter of License Verification does not verify a minimum of

- 1550 hours of training for a cosmetologist,
- 600 hours of training for an esthetician, or
- 350 hours of training for a nail technician.

If this applies to you, you must have at least three years of licensed work experience as documented below. If you do not have three years of licensed work experience, you must complete the remaining training at a Minnesota cosmetology school and attach certification from the school.

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

Licensee Responsibility

Renewals

- All individual licenses expire on the last day of the individual's birth month in the third year of the license cycle.
- If you fail to renew on or before the license expiration date, your license will expire and be invalid. Additional renewal fees will apply if you fail to submit a complete and accurate renewal before your license expires. It is your responsibility as a licensee to renew your license on time.

Change of Name or Address

- If you change your name, you must notify the BCE within 30 days by submitting a Name Change Form with legal name change documentation.
- You must inform the BCE of an address change within 30 days. This update can be made online.

Current License Verification

- It is your obligation to ensure the salon you work in has a current license and that your individual license is also current and active. You can check a license status on the BCE website using the License Lookup.

Cosmetology Laws and Rules

- Cosmetology law and rule books are available for purchase from Minnesota's Bookstore. Please call (651)297-3000 or visit www.leg.state.mn.us to order. The laws and rules may also be viewed on the BCE website.

Certification of Applicant

I attest that the information submitted with this application is true and correct. Further, this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.

Signature of Applicant

Date

Application processing may take up to 15 business days.

The data which you furnish on this application will be used by the BCE to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Then BCE may use your Social Security Number for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

Pursuant to Minnesota Statutes 604.113 and 609.535 the BCE is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

Board Accepted Translation Resources

All foreign documents must be translated into English by a translator or interpreter who is approved by one of the following organizations. You must submit copies of these documents in their original foreign language along with the English translations.

Minnesota Court Interpreter Roster

www.mncourts.gov/FindInterpreters

Both “certified” and “non-certified” interpreters from this roster are accepted.

American Translators Association

www.atanet.org

Association of International Credential Evaluators

www.aice-eval.org